

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11		10					61						
12		11					62						
13		12					63						
14		13					64						
15		14					65						
16		15					66						
17		16					67						
18	1						68						
19		1					69						
20		2					70						
21		3					71						
22		4					72						
23		5					73						
24		6					74						
25		7					75						
26		8					76						
27		9					77						
28		10					78						
29		11					79						
30		12					80						
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33		15					83						
34		16					84						
35		17					85						
36		18					86						
37		19					87						
38		20					88						
39		21					89						
40		22					90						
41		23					91						
42		24					92						
43		25					93						
44		26					94						
45		27					95						
46		28					96						
47		29					97						
48		30					98						
49		31					99						
50		32					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						